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Bib Data Sheet

CONFIRMATION NO. 3372

SERIAL NUMBER 09/062,714	FILING DATE 04/20/1998 RULE	CLASS 601	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. 212/219
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APPLICANTS

NEIL S. ROTHMAN, BALTIMORE, MD;
MARK GELFAND, BALTIMORE, MD;

**** CONTINUING DATA *******

THIS APPLICATION IS A CIP OF 08/404,442 03/15/1995 PAT 5,769,800

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/12/1998

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 6	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

23371

TITLE

BELT WITH DETACHABLE BLADDER FOR CARDIOPULMONARY RESUSCITATION AND CIRCULATORY ASSIST

FILING FEE RECEIVED 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees							
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